

Pundi	Sign Language	Tahitian	Turkish
Punjabi	Singhalese	Tai Shun	Tuvalu
Romanian	Slovak	Taiwanese	Urdu
Rota	Solomon Islands	Tamil	Yap
Russian	Swahili	Tcheo Chau	Yiddish
Serbo-Croatian	Swedish	Tibetan	Yugoslavian
Shanghaiese	Szechuan	Tokilau	

These translators are not employees of the Bilateral Access Line, so the patient must arrange for the fees for services on an individual basis. Helping Hands Hawaii with the Bilingual Access Line, is located at 2101 North Nimitz Highway in Honolulu, HI 96819. The phone is 808-526-9724; fax is 808-524-4389, and e-mail address <mailto:bal@helpinghandshawaii.org>.

Readers of the Journal should be aware of the new publication, the American Journal of Multicultural Medicine; volume I, No. 1, 2004 was just published. Interesting articles in this first issue include Type II Diabetes: confronting the multicultural challenges; Allergic Rhinitis: cultural issues and diagnosis and management; and increasing diversity in clinical trial populations, a primary care opportunity. The web site is <http://www.multiculturalmedicine.com/>.

The mission of this new publication is "to heighten awareness of and provide a forum for the racial, ethnic, and cultural perspectives that will improve communication and positively impact patient care, medical practices, and clinical outcomes." Robert C. Like, MD, Associate Professor & Director of the Center for Healthy Families and Cultural Diversity at the Robert Wood Johnson Medical School in New Brunswick, New Jersey, is the series editor.



## Book Review

### Cross-Cultural Medicine

Edited by Judyann Bigby MD

Illustrated. Appendix. References. Index. Pp ix 289.  
American College of Physicians / Philadelphia. 2003  
Paperback \$38.00

#### Book Review by Alfred D. Morris MD

The concepts and problems of cross-cultural medical practice are certainly familiar to any practicing physician in Hawaii. Known for and generally conceded to have the most diverse population in the United States and perhaps in the world for that matter, Hawaii has much to offer in this arena. Although noted for its ethnic tolerance, the state probably has as much prejudice and lack of cultural understanding as any other area of comparable size and density of population. From the vantage point of forty-seven years living in this my adopted home state and practicing medicine here for over thirty years of that time, I gladly accept the thesis of this book as a much needed wake-up call for medical students, residents and practitioners, not to mention the most important group of all, the

professors and teachers of medicine. Nurses, social workers, every employee and employer, every inhabitant and tourist in fact may profit by a perusal of this study with contributions by a cross-section of educators. A nurse, two anthropologists, a Doctor of Education, another PhD, and five physicians, two of whom have MPHs, make for an eclectic set of experts. Most are from the New England area and the majority are physicians.

An excellent first chapter by the Editor lays out the ground work. Each of the subsequent six chapters, by a different contributor or set of contributors, focuses on a specially defined group of particular importance because of its being disadvantaged, oppressed, or different culturally. Language is often the major problem. The eighth chapter addresses the role of spirituality and religion in shaping disease concepts and behaviors, with multiple examples. The final chapter by Dr. Bigby, attempts to energize the medical community to cope with the challenges which seem to be almost insurmountable.

While I applaud the efforts, recognize the validity of the arguments, and support the needs expressed in this book, I feel constrained to point out some of the failings as well. The difficulties of achieving the ideal conditions desired are only briefly mentioned and viable approaches/solutions are given minimal attention. The theme of the book seems to be "a voice crying in the wilderness," with no help given for the listeners as to just how to get out of the "wilderness." In a pertinent example the author explains at length how a physician must have a capable, medically trained, non-family member interpreter in order to give quality care to a patient who is perhaps illiterate, does not speak the same language, and has a totally different concept of illness, the methods of care, and the role of the family. It is an ideal which is not compatible with the practice of a busy practitioner who needs to see patients on a very short allotment of time and, as pointed out, often is not reimbursed for such an interpreter. Indeed in any place other than the largest medical centers in major metropolitan areas such resources are rarely available. The solo physician, and many groups of physicians, faced with this problem may do what little he/she can, but does not have the wherewithal to deal with the situation. The economic/time resources are not available to cope with an unrealistic expectation. The number of languages seems nearly infinite, the number of cultures beyond counting, and indeed each individual even in one's own culture is unique in beliefs and understanding. The best physicians try to cope with this situation, but if failure ensues must we fall on our scalpels screaming "communication is our greatest problem?"

A second difficulty I have with the book is the repeated use of the politically correct mantra against "profiling", "stereotyping", "pigeon-holing" and the like. Why spend many, many pages of statistical numbers characterizing specific groups, ethnic or otherwise, if we are not to view these groups as special, to be carefully scrutinized in regard to some specific parameters. In the name of sound public health it has even been recommended that all of certain groups undergo vaccination because we are unable to document reliably who has or has not been vaccinated. If we know that certain groups have a high incidence of tuberculosis or Hansen's disease, should we look at all patients, whether in that group or not, with the same intensity and suspicion? We are taught that pigeon-holing

See "Cross-Cultural Medicine" p. 370

to come up with hypotheses and to explain their reasoning. They are expected to be able to adjust their differential diagnosis list as the case unfolds and as they obtain more information. Students must also list items that they feel would be relevant to access from the patient history, physical exam, and diagnostic studies and to explain why the items would be important, prior to providing this information during the web-cases. Students are provided the opportunity to ask a variety of history questions, examine all parts of the physical exam, and choose from a number of diagnostic studies for each of the patient cases. They are instructed to select only those that they think will be pertinent to that particular patient case. Their choices are recorded electronically and reviewed for patient relevance. In addition to the basic steps of PBL, the students are also asked various questions throughout the case to stimulate learning issues. They are encouraged to come up with their own learning issues based on the information presented. Students are encouraged to research these areas while they are doing the cases from web-based resources provided for each case.

The web-cases allow the Family Medicine clerkship to provide a standardized curriculum to their students and encourage the continuation of the principles of PBL. Students complete the cases on their own time which allows for more clinical time with their preceptors and encourages the exploration of web-based medical resources, a part of the medical informatics curriculum for the Family Medicine clerkship. The web-cases have received excellent feedback from students and facilitates their use of the principles of PBL in their daily routine of patient-care in the outpatient setting.

## Conclusion and Future Direction

Effective use of multimedia has helped to maximize the benefits of PBL that includes addressing issues of culture (psychosocial discussion is not part of the culture of medical students), limitations in time, and geographical barriers. The new medical school campus in Kaka'ako also holds new promise for expanding the use of multimedia for students with the inclusion of intranet with web-based learning materials, increased use of multimedia in the HCPs for the first two years of the curriculum, and the extensive numbers of web-cases and online lectures. Although multimedia solutions will never replace the need for face to face PBL sessions, they will play a key role in optimizing their effectiveness for JABSOM' students.

## References

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## "Cross-Cultural Medicine" from p. 361

is always a danger in diagnosis and therefore a list of differential diagnoses is imperative to prevent diagnostic tunnel vision. We deal with unmanageable masses of information by pigeon-holing, by profiling, by stereotyping. The trick is not to let that blind us to the nuances of disease and diversity of patients. But without these sorting techniques we could never make a diagnosis.

Finally, I must point out that the book devotes a great amount of print to percentages and statistical profiles of various groups while at the same time explaining that no group is homogeneous. This makes for difficult, boring reading which can not possibly be assimilated. One might use the book as a reference if faced with one of the groups discussed, assuming you had no first hand information. Even if you do have first-hand knowledge it might be useful, since our experiential information is never complete or objective. The same criticism applies to the sections dealing with various religious and spiritual beliefs and practices affecting medical care. Indeed, as is pointed out over and over, this volume is only a small sampling covering only a tiny fraction of the cultures and ethnicities of this world. For example, Chapter 5 deals with care of "Asian-Americans." This subject alone deserves at least an encyclopedia.

A problem which is just touched upon is the small numbers of physicians (and other health care personnel) who come from many of the types of groups discussed in the book. Correcting this is desirable of course, but probably it has to solve itself over time in view of the economic, educational, and cultural hurdles. In fact my own view is that education, whether it be in language, health concepts, scientific method, or whatever, is essential for the populace as a whole and is the only feasible answer to the dilemmas posed in this book. Nevertheless, it is the mandate and requirement of all physicians to do what they are capable of doing in the setting in which they find themselves. It is unrealistic to expect any one individual to be competent in every culture with which he/she may have to deal. The solutions must come from the entire society, and most importantly from those members of the society that are underserved. Political will, economic resources, and above all education are essential. The job is not one which physicians or the medical profession alone can solve. This book points out what the problems are and urges the medical profession to contribute. As it has been famously said in another context "it is hard work," and by its very nature, I might add, will never be finished.

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